## FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

Form Approved OMB No. 3206-0036 Expires Aug 31, 2002

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (3206-0036), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for falling to comply with a collection of information if it does not display a currently valid OMB control number.

		PLEASE DO NO	T RETURN Y	OUR C	OMPLETED F	ORM 7	TO TH	E ABO	VE ADI	ORESS.				
	HMENT NAME A	2. WAGE A	. WAGE AREA											
or Suite N														
					3. DATE OF CONTACT   4. TELEPHONE NUM						BER (Include	Area (	Code	
					(YYYYMMDD)			aı	and Extension)					
5. NAME AND TITLE OF PERSON(S) INTERVIEWED					6. PRODUCT OR SERVICE OF ESTABLISHMENT									
					a. MAJOR INDUSTRY									
					b. SPECIFIC PRODUCTS OR SERVICES									
		2. S. EST IS I RODUCTS ON SERVICES												
7. AREA CODE 8. ESTABLISHMENT CODE					9. STANDARD INDUSTRIAL 10. ESTABLISHMENT WEIGHT									
7. AKLA CC	DL	0. ESTABLISHIVER CODE			CLASSIFICATION (SIC) CODE						IDLISI IIVILIN	LIST IIVILIAT WEIGHT		
11. TOTAL N	LIMPED	12 TOTAL NII	IMBED DI LIE		12 0//507	NALDA	V DDC	VICIO	NC					
EMPLOY		12. TOTAL NUMBER BLUE- COLLAR EMPLOYEES			13. OVERTIME PAY PROVISIONS					1/1.1/				
ESTABLISHMENT					DAILY			WEEKLY				SUNDAY HOLIDAY  RATE RATE		
					RATE	HOURS		R.A	TE	TE HOURS			RATE	
44 811 18	OF HOUSE	AF MONTH OFFICE ALL WAS TO			ILICTA ACASTO	1/ 0		1		- D ()( )		1.000	2055	
14. NUMBER OF HOURS IN NORMAL WORKWEEK ARE NORMALLY EFFE				JUSTMENTS	16. C	1	ACTO	BIAINI	E <b>D</b> (X one	) 17. NOI	N-PAR (	CODE		
99 = NO					MONTH YES									
		1 = JANUAF												
			E	TC.	_			SHEET						
18. GENERAI	WAGE ADJUST	MENTS			19. ADDITIO	ONAL	PAY E	LEMEN	ITS (Ex	plain in Re	emarks)			
a. DATE b. AMOUNT c. INCREASE/ d. INCLUDED C. INCREASE/														
(YYYYMMDD)		DECREASE	one)	a. BO				b. LUMP SUM c. INCEN				TIVE		
(***************		(Enter I or D)	NO	20. COST OF LIVING ALLOWANCE (COLA)										
					a. COLA FORMULA									
					= 1¢′									
					b. BASE PERIOD d. PAY ON					e. USING CONSUMER				
					( ) 1967=100							PRICE INDEX (CPI) FOR		
					( ) 198	1982-84 = 100					TOK			
					c. INDEX	c. INDEX								
					( ) CPI	- U								
					( ) CPI - W									
21. COLA TIED DIRECTLY TO CPI b. DATE AND AMOUNT OF AD.					TMENTS c. F							DLD-IN d. CARRY-		
YES a. TOTAL AMOUNT												ov	ER	
В	EING PAID	DATE												
NO														
		AMOUNT												
22. REMARK	S	<u>.</u>		1			1		1			1		
23. PRINTED NAME AND SIGNATURE					. PRINTED NAME AND SIGNATURE									
				1							PAGE 1	PAGE 1 OF PAGES		